STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-069	A. BUILDING: _____ B. WING _____	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MABLES HOME	112 ALLEN AVENUE FRANKLINTON, NC 27525

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on December 6, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-069	A. BUILDING: _____ B. WING _____	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MABLES HOME	112 ALLEN AVENUE FRANKLINTON, NC 27525

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, 1 of 2 paraprofessional staff (#1) failed to administer medications as ordered effecting 1 of 3 clients (#3). The findings are: Review on 12/2/19 of client #3's record revealed: - admission on 8/5/19 - diagnoses of: Explosive Personality Disorder (DO), Cerebral Palsy, Autism, Attention Deficit Hyperactivity, Seizure DO, Severe Intellectual and Developmental DO, Anxiety DO, Unspecified Child Abuse and Ankle/Foot Orthosis - MAR in November, 2019 with Omeprazole 20mg - 1 daily (qd) with initials that is was administered daily all of Nov, 2019 - no doctor's order for Omeprazole - a doctor's order on 9/19/19 for: - Trazadone 50mg 1/2 tablet in the morning and 2 and 1/2 tablets in the evening; - Prevacid 15mg 1 daily and Loratidine 10mg 1 daily - nothing on November or December, 2019 MARs for Prevacid or Trazedone - Loratidine 10mg 1 daily, listed and initialed daily Observation on 12/2/19 at 9:45am revealed client #3's medications included: - no Omeprazole in the facility - no Loratidine in the facility but another allergy medication in an over the counter bottle in her box During an interview on 12/2/19, the Provider/staff	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-069	A. BUILDING: _____ B. WING _____	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MABLES HOME	112 ALLEN AVENUE FRANKLINTON, NC 27525

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 2	V 118		

#1 reported:
- when client #3 was admitted to the facility in August, 2019, she checked to make sure all her medications matched the doctor's orders and were correct on the MAR
- she had all the medications that she had records of being ordered
- client #3's mother/guardian (M/G) took her to her doctor's appointments and had her prescriptions filled at a pharmacy near the M/G's home. She then made arrangements to get them to the facility
- the Provider/staff #1 had not checked the medications against the physician's order or the MAR after the first time
- she though the medications had not changed and since the doctor faxed the prescriptions right to the pharmacy, she assumed them to be correct
- the M/G had recently changed pharmacies and the error could have occurred at that time

During an interview on 12/2/19, the new pharmacist reported:
- he had received orders for this client from her old pharmacy, not from the doctor
- there were no orders for Trazedone, Prevacid or Omeprazole
- he would contact the doctor immediately to clarify what this client should be receiving
- the physician reported he had discontinued the Trazedone and would fax the pharmacy orders for the Prevacid and omeprazole.

During an interview on 12/4/19, the Qualified Professional reported:
- she had worked with this facility since September, 2019
- she was expected to be at the facility quarterly and one of her duties was to check

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-069	A. BUILDING: _____ B. WING _____	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MABLES HOME	112 ALLEN AVENUE FRANKLINTON, NC 27525

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 3 medications and the MARs - she had not seen any errors until this survey - she was putting in corrective measures to review the doctor's notes and orders after each appointment and to check the MARs monthly - they were also transferring her medications to a pharmacy they were familiar with and who delivered the medications and MARs directly to the facility each month	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL035-069	A. BUILDING: _____ B. WING _____	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MABLES HOME	112 ALLEN AVENUE FRANKLINTON, NC 27525

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 4 inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, record review and interview, 1 of 2 paraprofessional staff (#1) failed to coordinate services between the facility operator and the qualified professionals responsible for treatment/habilitation or case management effecting 1 of three clients (#3). The findings are: Cross Reference: 10A NCAC 27G .0209 Medication Administration (Tag V118). Based on observation, record review and interview, 1 of 2 paraprofessional staff (#1) failed to administer medications as ordered effecting 1 of 3 clients (#3). During an interview on 12/4/19, the Provider/staff #1 reported: - she did not realize client #3's medications were in error - she had not contacted client #3's physician as she thought she was giving her all the medications she was supposed to get - she did notice there was a change in her medications but thought the doctor would have sent the correct orders to the pharmacy - she "assumed" the pharmacy was sending everything they were supposed to send - she was responsible, along with the Qualified Professional of checking the medications received against the doctor's orders and what was written on the Medication Administration Record	V 291		